

Check A Box  
Dependent Specimen

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO. <b>10/070285</b>	FILING DATE
APPLICANT(S)	

CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
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47							97						
48							98						
49							99						
50							100						
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T TAL DEP.							TOTAL DEP.						
TOTAL CLAIMS							TOTAL CLAIMS						